

Grace Immanuel Bible Church

Add/Update Family Records

Please complete this form as fully as possible so that our records can be accurate.

MARITAL STATUS: SINGLE MARRIED WIDOWED SEPARATED DIVORCED
(Please circle)

NAME: _____ GENDER: M F
(last) (first) (middle)

SPOUSE'S NAME: _____
(last) (first) (middle)

ADDRESS: _____
(street)

city state zip code

PHONES: Home: _____ Work: _____ / _____
(yours) (Spouse's)

CELL PHONES: _____ / _____
(yours) (Spouse's)

YOUR HOME E-MAIL: _____ WORK: _____

SPOUSE'S HOME E-MAIL: _____ WORK: _____

BIRTHDATE: (m/d/y) _____ SPOUSE'S BIRTHDATE: (m/d/y) _____

ANNIVERSARY: (m/d/y) _____

CHILDREN: (list only children living at home)

<u>NAME</u>	<u>GENDER</u>	<u>BIRTHDATE</u> (m/d/y)	<u>AGE/GRADE</u>	<u>NAME OF SCHOOL</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate any learning disabilities, medical concerns, allergies or other circumstances that the teachers should know about your child on reverse side: